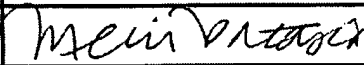
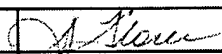


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/827,148	
	Filing Date	4/19/2004	
	First Named Inventor	James F. Stevens	
	Art Unit	1795	
	Examiner Name	Merkling, Matthew J.	
Total Number of Pages in This Submission	14	Attorney Docket Number	X-0169

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Request for Continued Examination (RCE) SB30</div>	<div style="border: 1px solid black; padding: 2px;">Remarks</div> <p>If any additional fees are required, the Director is hereby authorized to charge such fees to Deposit Account No. 03-1620, referencing Attorney Docket Number X-0169.</p>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Chevron Services Company (Customer No. 38393)		
Signature			
Printed Name	Melissa Patangia		
Date	November 11, 2008	Reg. No.	52098

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